BOARD OF COUNTY COMMISSIONERS

1801 27th Street
Vero Beach, Florida 32960-3365
Telephone (772) 226-1516
Fax (772) 770-5331

CHECK REPLACEMENT AFFIDAVIT

Affiant states as follows:

1) I am the (check one):

- ☐ payee.
- ☐ officer or director of payee corporation.
- ☐ sole owner of payee business.
- ☐ personal representative of payee's estate.

2) I do swear that I have never received check no._____, dated _____ that was issued to me by Indian River County.

3) I further swear that the above-described check has never cleared any of my (or my business) accounts.

4) Should the above-described check be credited to any of my (or my business) accounts, I hereby agree to immediately pay the sum of $_____to Indian River County as a reimbursement for overpayment.

5) I understand and agree that should I locate the lost check in the future, I will return same uncashed to Indian River County Finance Office. Should I cash this check, knowing that I have already been reimbursed, I understand that criminal charges may be filed against me.

DATED this _____ day of _____,_____.

_____ _____
Printed Name of Affiant Affiant's Signature

_____
Address

_____ _____
City, State, Zip Code Witness (if witnessed by County employee)

_____
Notary